AMENDMENTS TO THE CLAIMS

1. (Currently amended) A medical targeting and device introduction system, comprising:

a cannula having an open distal end and an open proximal end that defines a first length, wherein the cannula defines a lumen therein;

~~an~~ a generally linear introducer stylet that includes a distal end and a proximal end that defines a second length that is substantially longer than the first length; wherein the introducer stylet is selectively and removably disposed within the lumen of the cannula through the open proximal end such that the introducer stylet may be translated within the lumen such that the distal end of the introducer stylet extends outwardly from the distal end of the cannula when the introducer stylet is positioned within the cannula, wherein the distal end of the introducer stylet further includes a tissue piercing tip that is ~~used~~ configured for ~~to penetrate~~ penetrating tissue to create a pathway; and

a separate target confirmation device that is selectively insertable within the cannula only when the introducer stylet is removed from the cannula, wherein the target confirmation device includes a distal end that extends substantially outwardly from the distal end of the cannula when the target confirmation device is engaged with the cannula.

2. (Original) The system of claim 1, wherein the cannula is configured to introduce at least one of a biopsy device, a site marker, an anesthesia, a fluid, a tamponade, and a hemostatic agent.

3. (Canceled)

4. (Original) The system of claim 1, wherein the target confirmation device includes a magnetic resonance imaging (MRI) identifiable material.

5. (Previously Presented) The system of claim 4, wherein the magnetic resonance imaging (MRI) identifiable material is a band disposed proximate a distal end of the target confirmation device so as to extend distally of the distal end of the cannula.

6. (Original) The system of claim 1, wherein the system is magnetic resonance imaging (MRI) compatible.

7. (Currently Amended) A biopsy system suitable for use with a magnetic resonance imaging (MRI) device, comprising:

[[a]] an introducer cannula insertable into a patient's tissue, wherein the introducer cannula includes an open distal end and an open proximal end and wherein the introducer cannula defines a first length;

an introducer stylet removably disposed within the introducer cannula and configured for tissue penetration and [[is]] slidable within the introducer cannula, wherein the introducer stylet includes a distal end and a proximal end, and wherein the introducer stylet defines a second length that is substantially longer than the first length such that when the introducer stylet is fully inserted into the introducer cannula, the distal end of the introducer stylet extends through the distal end of the introducer cannula and substantially away from the distal end of the introducer cannula;

a separate target confirmation device that is selectively insertable within the introducer cannula ~~only when the introducer stylet is removed from the cannula~~, wherein the target confirmation device includes a distal end that extends substantially outwardly from the distal end of the introducer cannula when the target confirmation device is engaged with the introducer cannula; wherein the target confirmation device further includes a magnetic resonance imaging (MRI) identifiable material disposed adjacent to the distal end thereof such that the material is positioned outwardly from the distal end of the introducer cannula when the target confirmation device is positioned within the introducer cannula; and

a separate biopsy device having an outer cannula and an inner cannula disposed within the outer cannula, wherein the inner cannula of the biopsy device includes a cutting edge for severing tissue and the outer cannula of the biopsy device is sized for ~~that is~~ selective[[ly]] ~~insertable~~ insertion within the introducer cannula through the open proximal end when the introducer stylet and target confirmation device are removed from the introducer cannula.

8. (Currently amended) The system of claim 7, wherein the introducer cannula is configured to introduce at least one of a site marker, an anesthesia, a fluid, a tamponade and a hemostatic agent into the patient.

9. (Previously Presented) The system of claim 7, wherein the distal end of the target confirmation device has a predetermined shape so as to distinguish the target confirmation device from the patient's tissue.

10. (Original) The system of claim 7, wherein the magnetic resonance imaging (MRI) identifiable material is a band disposed proximate a distal end of the target confirmation device.

11. (Original) The system of claim 7, wherein the biopsy system is magnetic resonance imaging (MRI) compatible.

12. (Canceled)

13. (Canceled)

14. (Previously Presented) The system of claim 1, wherein the outer cannula includes a fluid conduit for delivering fluid provided in communication with the lumen.

15. (Original) The system of claim 14, wherein the fluid conduit includes a directional valve.

16. (Currently Amended) The system of claim 1, wherein the target confirmation device includes a proximal end having a first fitting interface that engages and connects to a second fitting interface on the ~~outer~~ introducer cannula upon insertion of the target confirmation device into the ~~outer~~ introducer cannula so as to prevent relative movement between the target confirmation device

and the ~~outer~~ introducer cannula.

17. (Previously Presented) The system of claim 1, wherein the outer cannula includes a haemostatic valve.

18. (Canceled)

19. (Previously Presented) The system of claim 1, wherein the target confirmation device includes a relatively low artifact generating material sufficient to permit the material to be readily identified under magnetic resonance imaging (MRI).

20. (Currently Amended) The system of claim 1, further including a biopsy device that includes a handpiece, an outer cannula and an inner cannula disposed within the outer cannula;

wherein the biopsy device is configured to at least translate the inner cannula within the outer cannula and the inner cannula includes a cutting edge at its distal end,

wherein the outer cannula defines ~~and a cutting element, the cutting element being disposed adjacent a distal end of the biopsy device and defining~~ a tissue-receiving opening for receiving ~~removing~~ tissue from the target site,

wherein the cutting edge of the inner cannula cooperates with the tissue-receiving opening to sever tissue; and

wherein ~~a portion~~ at least a portion of the outer cannula of the biopsy device is selectively insertable within the introducer cannula after the introducer stylet and target confirmation device are removed from the introducer cannula.

21. (Previously Presented) The system of claim 20, wherein the distance between a proximal end and a distal end of the target confirmation device is approximately equal to the distance between the center of the tissue receiving opening of the cutting element and the handpiece of the biopsy device.

22. (Canceled)

23. (Previously Presented) The system of claim 5, wherein the distance between a proximal end of the target confirmation device and the targeting band is approximately equal to the distance between the center of the tissue receiving opening and the handpiece of the biopsy device.

24. (Original) The system of claim 20, wherein the length of the cutting element is approximately equal to the length of the introducer stylet.

25. (Original) The system of claim 20, wherein the length of the target confirmation device is approximately equal to the length of the introducer stylet.

26. (Previously Presented) A medical procedure, comprising:

inserting an introducer stylet into an outer cannula such that a distal end of the introducer stylet extends substantially outwardly from a distal end of the outer cannula;

inserting the introducer stylet, with the outer cannula disposed thereon, into a patient's body, thereby creating a pathway to a target tissue;

removing the introducer stylet from the patient's body, but leaving behind the outer cannula; and inserting a separate target confirmation device into the patient's body through the outer cannula such that a distal end of the target confirmation device extends substantially outwardly from a the distal end of the cannula and confirming the location of the target tissue relative to the target confirmation device.

27. (Original) The method of claim 26, further including the step of providing an image of the target tissue prior to or contemporaneous with inserting the introducer stylet into the patient's body.

28. (Original) The method of claim 26, further including the step of providing an

image of the target confirmation device within the patient's body.

29. (Original) The method of claim 26, further including the step of removing the target confirmation device and inserting a biopsy device through the outer cannula to a position adjacent the target tissue.

30. (Original) The method of claim 29, further including the step of performing a biopsy of the target tissue.

31. (Original) The method of claim 30, further including the step of aspirating a biopsy site formed after removing the target tissue.

32. (Original) The method of claim 31, further including the step of inserting a medical treatment into the biopsy site through the outer cannula.

33. (Previously Presented) The system of claim 1, further including a tissue resection device including a tissue receiving opening positioned in a sidewall of the tissue resection device adjacent a distal end thereof, said tissue receiving opening rotatable relative to said cannula.

34. (Currently Amended) The system of claim 7, said biopsy device including a tissue receiving opening positioned in a sidewall of the ~~tissue resection device~~ outer cannula adjacent a distal end thereof, said tissue receiving opening rotatable relative to said introducer cannula.

35. (Canceled)

36. (Previously Presented) The system of claim 1, wherein the target confirmation device is a low artifact generating material.

37. (Previously Presented) The system of claim 1, wherein the target confirmation device provides a low artifact.

38. (Previously Presented) The system of claim 1, wherein the target confirmation device is a signal void generating material.

39. (Previously Presented) The system of claim 1, wherein the target confirmation device provides a signal void.

40. (Original) The system of claim 20, wherein the length of the target confirmation device is approximately equal to the length of the cutting element.

41. (Original) The method of claim 26, further including the step of providing an image of the target tissue after inserting the introducer stylet into the patient's body.

42. (Previously Presented) The method of claim 26, further including removing the target confirmation device and inserting a biopsy device including a tissue receiving opening, into the cannula, wherein said tissue receiving opening is selectively rotatable relative to said outer cannula.

43. (Canceled)

44. (Canceled)

45. (Canceled)

46. (Canceled)

47. (Canceled)

48. (Canceled)

49. (Canceled)

50. (Previously Presented) The system of claim 7, wherein the biopsy device includes an outer cannula and an inner cannula disposed in the outer cannula, wherein the inner cannula has a cutting element disposed on a distal end thereof and the outer cannula has a tissue receiving opening.

51. (New) A breast biopsy system for use with a magnetic resonance imaging (MRI) device, comprising:

a first introducer cannula insertable into a patient's breast tissue, wherein the first introducer cannula has a single lumen and defines an open distal end and an open proximal end;

an unitary introducer and target confirmation stylet that is slidable in a distal direction into and along the single lumen of the first introducer cannula and is slidably removable therefrom in a proximal direction, the introducer and target confirmation stylet includes a distal end having a piercing tip configured for breast tissue penetration and a proximal end, wherein the piercing tip of the introducer and target confirmation stylet extends through the distal end of the first introducer cannula into a first relative position between the first introducer cannula and the introducer and target confirmation stylet in which at least a portion of the piercing tip of the introducer and target confirmation device extends in the distal direction beyond the open proximal end of the first outer cannula;

wherein at least one of the first introducer cannula and the introducer and target confirmation stylet includes a magnetic resonance imaging (MRI) compatible material that is visible under MRI imaging; and

a breast tissue biopsy device that is slidably insertable in the distal direction within the single lumen of the first introducer cannula through the open proximal end only after the introducer and target confirmation stylet is removed from the first introducer cannula in the proximal direction from the first introducer cannula, wherein the biopsy device comprises a handpiece, a second outer cannula and a third inner cutting cannula, and wherein the third inner cutting cannula is rotatable and translatable within the second outer cannula and the second outer cannula has a tissue receiving opening, the third inner cutting cannula has a lumen, and the lumen of the third inner cutting cannula selectively communicates with the tissue receiving opening to excise tissue adjacent the tissue receiving opening of the second outer cannula when the second outer cannula is inserted into a patient's breast tissue.

52. (New) A medical procedure, comprising:

locating a target tissue area in a patient's breast using a magnetic resonance imaging (MRI) system;

providing a unitary introducer and target confirmation stylet constructed of MRI having a tissue piercing tip at a distal end thereof and comprising a magnetic resonance imaging compatible material;

inserting the introducer and target confirmation stylet through an introducer cannula having an open distal end such that the piercing tip of the introducer and target confirmation stylet extends at least partially through the open distal end of the introducer cannula;

inserting the introducer and target confirmation stylet with the introducer cannula disposed thereon, into a patient's body such that the tissue piercing tip of the introducer and target confirmation stylet enters the patient's breast prior to the distal end of the introducer cannula and moving the introducer and target confirmation stylet with the introducer cannula thereon through the patient's breast tissue to create a pathway to a target tissue;

imaging at least a distal end of the introducer and target confirmation stylet while the introducer and target confirmation deivce is positioned within the patient's breast to confirm the location of the introducer and target confirmation stylet relative to the target tissue;

slidably removing the introducer and target confirmation stylet from the patient's breast, thereby leaving behind the introducer cannula such that the distal end of the introducer cannula remains positioned within the patient's breast;

providing a biopsy device comprising a handpiece, a second outer cannula, and a third inner cutting cannula, wherein the second outer cannula has a proximal end and a distal end, the proximal end of the outer cannula being located proximal the handpiece, and the tissue receiving opening is located adjacent the distal end of the outer cannula, and wherein the third inner cutting cannula has a proximal end, a distal end, a cutting edge formed on the distal end, a lumen, and is selectively rotatable and translatable within the outer cannula such that the tissue receiving opening of the second outer cannula selectively communicates with the lumen of the third inner cutting cannula;

inserting the second outer cannula of the biopsy device within the introducer cannula such that the tissue receiving opening of the second outer cannula extends through the open distal end of the introducer cannula when the introducer and target confirmation stylet is removed from the introducer cannula; and

positioning the tissue receiving opening of the second outer cannula in a selected relative position with respect to the target tissue to allow a portion of the target breast tissue to prolapse into the tissue receiving opening; moving the third inner cutting distally within the second outer cannula while rotating the inner cutting cannula relative to the second outer cannula until the cutting edge extends beyond the tissue receiving opening, thereby cutting a portion of the breast tissue that has prolapsed into the tissue receiving opening.